



Employment Application

Applicant Note: This application form is intended for the use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of gender, marital status, pregnancy, religion, race, age, creed, national origin, presence of disabilities, sexual orientation, genetic screening or testing information, refusal to submit to a genetic test, ancestry, AIDS or HIV, and on any other status protected by law.

Please complete this entire form. If additional space is needed, you may attach a separate sheet of paper. **Please print clearly.**

Date: _____ How did you hear about United Homecare Services (UHS): _____

Name: [First, Middle, Last] _____ Maiden Name: [if applicable] _____

Social Security Number: _____ Have you used any names or Soc. Sec. No. other than indicated? No Yes If yes, describe on separate sheet

Address: [Street, City, State, Zip] _____ How Long: [Years/Months] _____

Phone: [Cell] _____ Phone: [Home] _____ Email: _____

Drivers License: [Number, State Issued, Exp. Date] _____ Vehicle: [Year, Make, Model] _____ Yes No Do you have daily access to this vehicle?

Have you had any moving violations in the past seven (7) years? No Yes If yes, please describe: _____

Emergency Contact: [Name, Phone, Relationship] _____

Explain your interest with working for United Homecare Services: _____

Employment References.

We make every effort to contact previous employers. The correct telephone numbers of past employers are essential.

Have you served in a volunteer capacity for any non-profit agency? No Yes If yes, please indicate name of agency and services you performed: _____

Most Recent Employer:

Are you currently working for this employer? No Yes If yes, may we contact this employer? No Yes

Company: _____ City: _____ Phone Number: _____

Dates Employed: [Start Date - End Date] _____ Job Title: _____ Supervisor Name: _____

Duties: _____

Salary/Rate of Pay: [Indicate per Hr., Day, etc.] _____ Reason for leaving: _____

Second Most Recent Employer:

Company: _____ City: _____ Phone Number: _____

Dates Employed: [Start Date - End Date] _____ Job Title: _____ Supervisor Name: _____

Duties: _____

Salary/Rate of Pay: [Indicate per Hr., Day, etc.] _____ Reason for leaving: _____

Third Most Recent Employer:

Company: _____ City: _____ Phone Number: _____

Dates Employed: [Start Date - End Date] _____ Job Title: _____ Supervisor Name: _____

Duties: _____

Salary/Rate of Pay: [Indicate per Hr., Day, etc.] _____ Reason for leaving: _____

Related Employment Skills: Do not fill out any part of this section if you believe it to be non-job related.

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Describe any training you have that applies to service and/or care to the elderly:

Describe any work history (if not already listed under Employment References) that is applicable to elderly service and care:

What do you like (or think you would like) about working with older adults:

What do you like least (or think you would like least) about working with older adults:

Employment Availability: Please indicate the type(s) of work that you would prefer.

Check all that apply: Full-time Part-time Days Early mornings Evenings Weekends Over-nights

Hours/week you wish to work: _____ Date able to start work: _____ Long-term assignments: Yes No Short-term assignments: Yes No

Days per week you are available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please rank the following services in the order of preference that you are willing to provide: "1" most preferable, "9" least preferable.

_____ Companionship _____ Laundry _____ Meal Preparation _____ Transportation/Errand/Shopping _____ Walking/Standing Assistance

_____ Bathing Assistance _____ Dressing Assistance _____ Toileting Assistance _____ House Cleaning

Do you have reservations of clients: With pets Yes No That smoke Yes No Do you smoke (optional question): Yes No

Do you speak a language other than English: No Yes If yes, what language(s): _____

How far are you willing to travel for work? 5 miles/10 minutes 10 miles/20 minutes 20 miles/30 minutes 30 miles/40 minutes 40 miles/50 minutes

Education: [Circle highest grade completed] 6 7 8 9 10 11 12 College: 13 14 15 16 16+ Are you a CNA? No Yes If yes, is your certificate Current Expired

School you last attended: _____ Graduated: Yes No
[Name, City & State, Major/Subject, Years Attended]

Personal References: Please list four personal references (Do not include relatives)

Name: _____ Phone: _____ How Known: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____ How Known: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____ How Known: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____ How Known: _____

Address: _____ Years Known: _____

Certification and Release: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the agency and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: _____ Print name: _____ Date: _____